

[CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061] [Insurance Nomination form- June 2024]

form of	f Nomination for Death Insurance for CTC Employees
IBagram	201 CI Employees
	s/d/w/o Main Novy beari
CNIC # 21203-3	715 96 4-1 working as CHW here
nominate the person/	here here
beneficiary(ies) to receive	persons mentioned below who is/ are member(s) of my family re the death insurance amount (sum assured) in the event of my death.
	(First choice)
Name of Nominee/	Relationship Specification of Share
Nominees	Relationship Specification of Share Contact Number
0.	
Rehman Ullah	Brother 100/percent/
	Brother 100/percent/completely 03367270227
	(In case of death of first choice) – 2nd Option
Name of Nominee/	
Nominees	Relationship Specification of Share Contact Number
Mian Noos	the extraction of the
14000	Father 100% percent/ 0333 9868 996
hereby certified that the a	above noted member(s) of my family mentioned are wholly dependent upo
ne.	to verticited member(s) of my family mentioned are wholly dependent upon
the earlier nomination ma	ade by me (if any) may kindly be treated as cancelled and of no effect
	be treated as cancelled and of no effect
• b	
7	CICALA
DATED:	SIGNATURE OR THUMB IMPRESSION OF
15/09/2024	THE EMPLOYEE
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